

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041910

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53Primary Registration District No. 3010Registrar's No. 515

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY CAPE GIRARDEAUb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN CAPE GIRARDEAU

Length of stay in 1b

1 WKc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION So. East Hosp.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mob. COUNTY BOLLINGERc. CITY
OR TOWN MARBLE HILL

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JAMES VIRGIL THOMPSON4. DATE
OF DEATH

Month

Day

Year

NOV 18 19625. SEX
M6. COLOR OR RACE
W7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)
61IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
OFFICE10b. KIND OF BUSINESS OR INDUSTRY
U. S. DEPT. OF AGR. &
ABSTRACT OFFICE11. BIRTHPLACE (City and state or country)
Birch tree, Mo12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

WM. C. THOMPSON

13b. MOTHER'S MAIDEN NAME

CORA LEE BROWN

14. NAME OF HUSBAND OR WIFE

Gold B. BRAWLEY15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Gold B. Thompson, Marble Hill, Mo18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

multiple pulmonary emboliINTERVAL BETWEEN
ONSET AND DEATH1 week

DUE TO (b)

Congestive heart failure3 years

DUE TO (c)

rheumatic heart diseaseunkPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease (Condition for each in Part I)Cardiac arrhythmias, diabetes m.,
hypothyroidism, atrial fibrillation.PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ N: ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 1960 to death and last saw him 12 midnight
Death occurred at 3 o'clock A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Jean A. Chapin M.D.Cape Girardeau, Mo.29 Nov 6223. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Gene Ward Luttrell, MO11-24-62Jean A. Chapin

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

NOV 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jennette Riley

Licensed Embalmer No.

5086

P. O. Address

Autumn, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.